



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

EOFF ET AL.

Serial No.: 10/760,443

Filed: JANUARY 20, 2004

Title: "METHOD AND COMPOSITIONS FOR
REDUCING THE PRODUCTION OF
WATER AND STIMULATING
HYDROCARBON PRODUCTION FROM A
SUBTERRANEAN FORMATION"

§
§
§
§
§
§
§
§
§
§
§

Group Art Unit: 1712

Examiner: FIGUEROA, JOHN J.

Atty. Docket No: 2001-IP-005267U1P1

MAIL STOP AMENDMENT
Honorable Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING VIA EXPRESS MAIL	
ATTY. DOCKET No.:	2001-IP-005267U1P1
APPLICATION SERIAL No.:	10/760,443
GROUP ART UNIT:	1712
EXAMINER:	JOHN J. FIGUEROA
PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE INFORMATION AND A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE WILL BE DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL, POST OFFICE TO ADDRESSEE, ON THE DATE INDICATED BELOW, AND IS ADDRESSED TO:	
MAIL STOP AMENDMENT HONORABLE COMMISSIONER FOR PATENTS P. O. Box 1450 ALEXANDRIA, VA 22313-1450.	
TAMMY KNIGHT	DATE 7/18/06
EXPRESS MAIL LABEL: EQ726817983US	

TRANSMITTAL LETTER

Dear Honorable Commissioner:

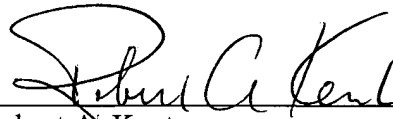
Applicants hereby submit the following documents to be filed with the United States Patent and Trademark Office:

- Response to Non-Final Office Action, Mailed March 23, 2006;
- Terminal Disclaimer; and
- Return receipt postcard.

Please date stamp and return the enclosed postcard evidencing receipt of these materials.

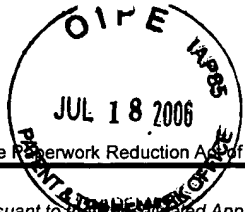
The Commissioner is hereby authorized to debit the Deposit Account of Halliburton Energy Services, Inc., No. 08-0300 in the amount of \$250.00 for the fee under 37 C.F.R. § 1.136(a) for the One-Month Petition for Extension of Time to File this Response and the terminal disclaimer fee under 37 C.F.R. 1.20(d). Should the Commissioner deem that any additional fees are due, including any fees for extensions of time, Applicants respectfully request that the Commissioner accept this as a Petition Therefor, and direct that any additional fees be charged to the Deposit Account of Halliburton Energy Services, Inc., No. 08-0300.

Respectfully submitted,



Robert A. Kent
Registration No. 28,626
Halliburton Energy Services, Inc.
2600 South Second Street
P.O. Drawer 1431
Duncan, OK 73536-0440
Telephone: 580-251-3125

Date: July 18, 2006



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete if Known

Application Number	10/760,443
Filing Date	01/20/2004
First Named Inventor	Eoff, et al.
Examiner Name	John J. Figueroa
Art Unit	1712
Attorney Docket No.	2001-IP-005267U1P1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 08-0300 Deposit Account Name: Halliburton

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One-Month Ext. of Time (\$120) and Terminal Disclaimer (\$130)**Fees Paid (\$)**

250.00

SUBMITTED BY

Signature	<u>Robert A. Kent</u>	Registration No. (Attorney/Agent) 28,626	Telephone 580-251-3125
Name (Print/Type)	Robert A. Kent	Date	<u>7-18-2006</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.